



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicants : Toshiharu Kondou, et al.  
Serial No. : 09/601,151  
For : EDITING APPARATUS AND METHOD FOR  
EXTRACTING SPECIFIED PORTIONS OF  
EDITING MATERIAL  
Filed : July 27, 2000  
Examiner : Tran, Thai Q.  
Art Unit : 2616  
Confirmation No. : 6991

745 Fifth Avenue  
New York, NY 10151

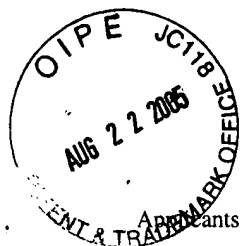
<b><u>EXPRESS MAIL</u></b>	
Mailing Label Number:	<u>EV 723366644 US</u>
Date of Deposit:	August 22, 2005
I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" Service under 37 CFR 1.10 on the date indicated above and is addressed to: <b>Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</b>	
<i>Barnet Shindlerman</i> (Typed or printed name of person mailing paper or fee)	
<i>Barnet Shindlerman</i> (Signature of person mailing paper or fee)	

**AMENDMENT SUBMITTED WITH  
REQUEST FOR CONTINUED EXAMINATION**

Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Final Office Action mailed on June 22, 2005, having a three-month statutory period for response set to expire on September 22, 2005, Applicants submit herewith a Request for Continued Examination. Please amend the above-identified application as follows.



PATENT  
450108-02174

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745 Fifth Avenue  
New York, NY 10151  
Tel: 212-588-0800

Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.  
☐ The fee has been calculated as shown below.  
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	6	Minus	** =20	* 0 x	\$50 (25)	= \$ 0
Independent claims	2	Minus	*** =8	* 0 x	\$200 (100)	= \$ 0
Total additional fee for this amendment						\$ 0

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\* If the highest number of total claims previously paid for is less than 20, write "20" in this space.

\*\*\* If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$360(180) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the \_\_\_\_\_ month following the expiration of the term originally set therefor. This is a petition to request a \_\_\_\_\_ month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$ \_\_\_\_\_ is attached, which covers the cost of ☐ additional claims ☐ petition for extension of time.
- ☐ Charge \$ \_\_\_\_\_ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

EXPRESS MAIL

Respectfully submitted,

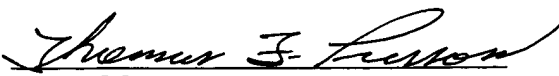
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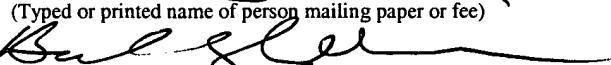
FROMMER LAWRENCE & HAUG LLP  
Attorneys for Applicants

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Mail Stop RCE, Commissioner for Patents, P.O. Box 1450,  
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By:

  
Thomas F. Presson  
Reg. No. 41,442  
Tel: 212-588-0800

  
(Typed or printed name of person mailing paper or fee)

  
(Signature of person mailing paper or fee)

**Amendments to the Claims** are reflected in the listing of claims, which begins on page 3 of this paper.

**Remarks/Arguments** begin on page 6 of this paper.